

# Supplemental Drug Program Data Sharing Agreement (DSA)

## USER GUIDE

**Version Effective Date:  
February 9, 2006**

### INTRODUCTION

This Supplemental Drug Program (SDP) USER GUIDE is the body of information and instructions SDPs will find useful as they implement and then manage the SDP information sharing process with CMS. In particular, a SDP DSA and the information in this document will allow users to coordinate Medicare Part D drug benefits with CMS under the terms of the MMA.

*PERIODICALLY, THE INFORMATION PROVIDED IN THIS USER GUIDE WILL CHANGE.* As current requirements are refined and new processes developed, SDP partners will be provided with new and up-to-date sections of this Guide. These updated versions should replace any older versions of the Guide that you might have. Please contact the CMS should you have any questions regarding this User Guide.

If would like more general information about the current SDP process, please E-mail [aaron.wesolowski@cms.hhs.gov](mailto:aaron.wesolowski@cms.hhs.gov), [john.albert@cms.hhs.gov](mailto:john.albert@cms.hhs.gov), [william.decker@cms.hhs.gov](mailto:william.decker@cms.hhs.gov) or [tracy.richardson@cms.hhs.gov](mailto:tracy.richardson@cms.hhs.gov). Remember to provide us with the E-mail address, phone number and other contact information for individuals you would like to have added to our distribution list.

### **RECENT CHANGES:** Updates to the User Guide

- Provided clarification to definitions of SP Code 16 and 24 on page 14
- Provided clarification to definitions in Fields 25, 26, 46 and 47 of the SDP Response File in order to distinguish between eligibility and Part D enrollment information on pages 8-9
- Provided additional documentation on the distinction between Part D eligibility and enrollment information on page 25
- Added a Data Type Key which describes the formatting of data values used by the COB contractor on page 11
- Provided information on Full File Replacement response data limitations on page 20
- Provided information on how small ADAPs can participate in the COB exchange using a text file format on page 25
- Provided information about obtaining a TrOOP specific BIN or PCN on page 17

- Deleted disposition codes 52, 53, 55 61, AB and CI and RX 06 Error code because they are not relevant to the SDP data exchange process on pages 13 and 15

## **SECTION A: COMPLETING AND SIGNING A SDP DSA**

To make the SDP DSA relationship operational, the potential SDP DSA partner and CMS have to sign and exchange completed copies of the SDP DSA. These are the instructions for completing a SDP DSA for signature.

1. In the first paragraph of the SDP DSA, insert all of your specific identifying information where indicated. The latest date that both the partner and CMS complete the signature process will be entered here, and will be the “Effective Date.” If you wish, the date you enter may be prospective or retroactive. For example, some SDP DSA partners prefer to enter the first day of the month in which they expect the SDP DSA to be signed. But bear in mind that if you enter a prospective date, CMS cannot begin full implementation of the SDP DSA until we reach it.
2. Enter the date that is requested on Page 3 of the SDP DSA, in Section C, 1. This is the starting date for health plan enrollment information that is entered on the first regular production Initial Input File you provide to CMS.
3. On Page 10, in Section M, enter the partner’s Administrative and Technical contact information.
4. Page 12, Section N: Upon receipt of a SDP DSA signed by the partner, CMS will provide the required Technical contact information. This does not need to be completed to execute the Agreement.
5. In the footer starting on Page 1, and throughout the rest of the document, insert the partner’s business name.
6. In the footer of the Implementation Questionnaire, Attachment C, insert the partner’s business name.

The SDP DSA signature package consists of two documents: The SDP DSA itself, and the SDP DSA Implementation Questionnaire. The SDP DSA partner will return two signed copies of the SDP DSA and one completed copy of the Implementation Questionnaire to CMS. One copy of the SDP DSA will be signed by CMS and returned to the partner. If it wishes, the partner can ask that CMS sign the SDP DSA first. CMS will then provide two signed copies of the SDP DSA to the partner, and the partner will sign one copy and return it to CMS. But in either case CMS will not consider the SDP DSA to be in force until the partner has also provided CMS with a completed copy of the Implementation Questionnaire.

***To avoid unnecessary processing delays, we strongly recommend that you use an overnight delivery service and send your SDP Data Sharing Agreement (s) and Implementation Questionnaire to:***

John Albert  
Centers for Medicare and Medicaid Services  
Office of Financial Management  
Financial Services Group  
Division of Medicare Secondary Payer Policy and  
Operations  
Mail Stop: C3-14-16  
7500 Security Boulevard  
Baltimore, Maryland 21244-1850

## **SECTION B: THE SDP DATA FILES – Standard Reporting Information**

Standard Data Files: The data exchanged through the SDP process is arranged in two different file formats (also referred to as record layouts). A SDP partner electronically transmits a data file to CMS. CMS processes the data in this *input file*, and at a prescribed time electronically transmits a *response file* to the partner. The *input file* is the method through which the SDP data sharing partner will submit its covered SDP enrollee population. In return, the COB Contractor will send back a response file to the partner which will contain Medicare Part D enrollment information for all SDP enrollees who also have Part D.

Current versions of the Standard Data Files immediately follow. Once again we remind you that periodically the information provided here will change.

### **I. The Input and Response File Data Layouts**

A – The SDP Input File: This is the dataset transmitted from a SDP partner to CMS on a monthly basis. It is used to report information regarding the SDP enrollees – people who are eligible for and enrolled in a SDP and receive coverage through such a plan. Full file replacement is the method used to update eligibility files. Each month's transmitted file will fully replace the previous month's file. The business rules for use of the SDP Input File immediately follow the data file layout itself.

**Supplemental Drug Program Input File Layout for Part D – 249 bytes**

Supplemental Drug Program Input File Layout for Part D – 249 bytes					
Field	Name	Size	Displacement	Data Type	Description
1.	SSN	9	1-9	Numeric	Social Security Number – Required Populate with spaces if unavailable.
2.	HICN	12	10-21	Alpha-Numeric	Medicare Health Insurance Claim Number Required if SSN not provided. Populate with spaces if unavailable.
3.	Surname	6	22-27	Text	Surname of Covered Individual - Required
4.	First Initial	1	28-28	Text	First Initial of Covered Individual - Required
5.	DOB	8	29-36	Date	Date of Birth of Covered Individual - Required CCYYMMDD
6.	Sex Code	1	37-37	Numeric	Sex of Covered Individual - Required 0: Unknown 1: Male 2: Female
7.	Effective Date	8	38-45	Date	Effective Date of SDP - Required CCYYMMDD
8.	Termination Date	8	46-53	Date	Termination Date of SDP -Required CCYYMMDD *Use all zeros if open-ended
9.	N-PLAN ID	10	54-63	Filler	Future use for National Health Plan Identifier. Fill with spaces only
10.	Rx ID/Policy Number	20	64-83	Text	Covered Individual Pharmacy Benefit ID for SDP Rx ID Required if Coverage Type = U Policy Number Required if Coverage Type = V

Supplemental Drug Program Input File Layout for Part D – 249 bytes					
Field	Name	Size	Displacement	Data Type	Description
11.	Rx Group	15	84-98	Text	SDP Pharmacy Benefit Group Number
12.	Part D PCN	10	99-108	Text	SDP (Part D specific) Pharmacy Benefit Processor Control Number
13.	Part D RxBIN	6	109-114	Text	SDP (Part D specific) Pharmacy Benefit International Identification Number
14.	Toll-Free Number	18	115-132	Text plus “(“ and “)”	Pharmacy Benefit Toll-Free Number
15.	Document Control Number	15	133-147	Text	Document Control Number Assigned by SDP- Required
16.	Coverage Type	1	148-148	Alpha-Numeric	Coverage Type Indicator - Required U: Network (electronic, point-of-sale benefit) V: Non-Network (other type of benefit)
17.	Insurance Type	1	149-149	Alpha-Numeric	Insurance Type - Required N: Non-qualified State Program O: Other P: PAP R: Charity S: ADAP
18.	Filler	100	150-249	Alpha-Numeric	Unused Field Fill with spaces only
<b>HEADER RECORD – All fields required</b>					
1.	Header Indicator	2	1-2	Alpha-Numeric	Should be: ‘H0’
2.	SDP-ID	5	3-7	Alpha-Numeric	SDP Identifier
3.	Contractor Number	5	8-12	Alpha-Numeric	Should be: ‘S0000’
4.	File Date	8	13-20	Date	CCYYMMDD
5.	Filler	229	21-249	Alpha-Numeric	Unused Field Fill with Spaces.
<b>TRAILER RECORD – All fields required</b>					
1.	Trailer Indicator	2	1-2	Alpha-Numeric	Should be: ‘T0’
2.	SDP-ID	5	3-7	Alpha-Numeric	SDP Identifier
3.	Contractor Number	5	8-12	Alpha-Numeric	Should be: ‘S0000’
4.	File Date	8	13-20	Date	CCYYMMDD
5.	Record Count	9	21-29	Numeric	Number of records on file

Supplemental Drug Program Input File Layout for Part D – 249 bytes					
Field	Name	Size	Displacement	Data Type	Description
6.	Filler	220	30-249	Alpha-Numeric	Unused Field Fill with Spaces.

The SDP Response File: This is the data set transmitted from CMS to the SDP partner after the information supplied in the partner's SDP Input File has been processed by the COB contractor. It consists of the same data elements in the Input File, with corrections applied by CMS, disposition and edits codes which let you know what we did with the record. The response will also contain new information for the partner regarding the submitted SDP enrollees including Medicare enrollment information where applicable, if a match occurred.

### ***Supplemental Drug Program Response File Layout for Part D – 417 bytes***

Supplemental Drug Program Response File Layout for Part D – 417 bytes					
Field	Name	Size	Displacement	Data Type	Description
1.	SSN	9	1-9	Alpha-Numeric	Social Security Number
2.	HICN	12	10-21	Alpha-Numeric	Medicare Health Insurance Claim Number
3.	Surname	6	22-27	Alpha-Numeric	Surname of Covered Individual
4.	First Initial	1	28-28	Alpha-Numeric	First Initial of Covered Individual
5.	DOB	8	29-36	Alpha-Numeric	Date of Birth of Covered Individual CCYYMMDD
6.	Sex Code	1	37-37	Alpha-Numeric	Sex of Covered Individual 0: Unknown 1: Male 2: Female
7.	Effective Date	8	38-45	Alpha-Numeric	Effective Date of SDP Coverage CCYYMMDD
8.	Termination Date	8	46-53	Alpha-Numeric	Termination Date of SDP Coverage CCYYMMDD *Use all zeros if open-ended
9.	N-PLAN ID	10	54-63	Alpha-Numeric	Future use for National Health Plan Identifier

Supplemental Drug Program Response File Layout for Part D – 417 bytes					
Field	Name	Size	Displacement	Data Type	Description
10.	Rx ID	20	64-83	Alpha-Numeric	Covered Individual Pharmacy Benefit ID for SDP
11.	Rx Group	15	84-98	Alpha-Numeric	SDP Pharmacy Benefit Group Number
12.	Part D PCN	10	99-108	Alpha-Numeric	SDP (Part D specific) Pharmacy Benefit Processor Control Number
13.	Part D RxBIN	6	109-114	Alpha-Numeric	SDP (Part D specific) Pharmacy Benefit International Identification Number
14.	Toll-Free Number	18	115-132	Alpha-Numeric	Pharmacy Benefit Toll-Free Number
15.	Original Document Control Number	15	133-147	Alpha-Numeric	Document Control Number Assigned by SDP
16.	COBC Document Control Number	15	148-162	Alpha-Numeric	Document Control Number Assigned by COBC
17.	Coverage Type	1	163-163	Alpha-Numeric`	Coverage Type Indicator U: Network (Electronic, Point-of-Sale Benefit) V: Non-Network (Other type of Benefit)
18.	Insurance Type	1	164-164	Alpha-Numeric	N: Non-qualified State Program O: Other P: PAP R: Charity S: ADAP
19.	Rx Current Disposition Code	2	165-166	Alpha-Numeric	Rx Result from BENEMSTR/ MBD (Action taken by COBC).
20.	Current Disposition Date	8	167-174	Alpha-Numeric	Date of Rx Result from BENEMSTR/MBD (CCYYMMDD)
21.	Edit Code 1	4	175-178	Alpha-Numeric	Error Code
22.	Edit Code 2	4	179-182	Alpha-Numeric	Error Code
23.	Edit Code 3	4	183-186	Alpha-Numeric	Error Code
24.	Edit Code 4	4	187-190	Alpha-Numeric	Error Code

Supplemental Drug Program Response File Layout for Part D – 417 bytes					
Field	Name	Size	Displacement	Data Type	Description
25.	Part D Eligibility Start Date	8	191-198	Alpha-Numeric	Earliest Date that Beneficiary is eligible to enroll in Part D- Refer to Field 46 for Part D Plan Enrollment Date CCYYMMDD
26.	Part D Eligibility Stop Date	8	199-206	Alpha-Numeric	Date Beneficiary is no longer eligible to receive Part D Benefits – Refer to Field 47 for Part D Plan Termination Date CCYYMMDD
27.	Medicare Beneficiary Date of Death	8	207-214	Alpha-Numeric	Medicare Beneficiary Date of Death CCYYMMDD
28.	Filler	8	215-222	Alpha-Numeric	Unused Field
29.	Filler	8	223-230	Alpha-Numeric	Unused Field
30.	Filler	3	231-233	Alpha-Numeric	Unused Field
31.	Filler	8	234-241	Alpha-Numeric	Unused Field
32.	Filler	1	242-242	Alpha-Numeric	Unused Field
33.	Filler	1	243-243	Alpha-Numeric	Unused Field
34.	Filler	1	244-244	Alpha-Numeric	Unused Field
35.	Filler	1	245-245	Alpha-Numeric	Unused Field
36.	Filler	1	246-246	Alpha-Numeric	Unused Field
37.	Filler	1	247-247	Alpha-Numeric	Unused Field
38.	Filler	1	248-248	Alpha-Numeric	Unused Field
39.	Filler	1	249-249	Alpha-Numeric	Unused Field
40.	Filler	1	250-250	Alpha-Numeric	Unused Field
41.	Filler	1	251-251	Alpha-Numeric	Unused Field
42.	Filler	2	252-253	Alpha-Numeric	Unused Field



Supplemental Drug Program Response File Layout for Part D – 417 bytes					
Field	Name	Size	Displacement	Data Type	Description
43.	Filler	9	254-262	Alpha-Numeric	Unused Field
44.	Filler	8	263-270	Alpha-Numeric	Unused Field
45.	Current Medicare Part D Plan Contractor Number	5	271-275	Alpha-Numeric	Contractor Number of the Current Part D Plan in which the Beneficiary is Enrolled
46.	Current Part D Plan Enrollment Date	8	276-283	Alpha-Numeric	Effective Date of Coverage Provided by Current Medicare Part D Plan CCYYMMDD
47.	Current Part D Plan Termination Date	8	284-291	Alpha-Numeric	Termination Date of Coverage Provided by Current Medicare Part D Plan CCYYMMDD
48.	Filler	8	292-299	Alpha-Numeric	Unused Field
49.	Filler	8	300-307	Alpha-Numeric	Unused Field
50.	Filler	2	308-309	Alpha-Numeric	Unused Field
51.	Filler	2	310-311	Alpha-Numeric	Unused Field.
52.	PBP	3	312-314	Alpha-Numeric	Part D Plan Benefit Package (PBP)
53.	Filler	3	315-317	Alpha-Numeric	Unused Field
54.	Filler	1	318	Alpha-Numeric	Unused Field
55.	Filler	99	319-417	Alpha-Numeric	Unused Field.
<b>HEADER RECORD</b>					
1.	Header Indicator	2	1-2	Alpha-Numeric	Should be: 'H0'
2.	SDP-ID	5	3-7	Alpha-Numeric	SDP Identifier
3.	Contractor Number	5	8-12	Alpha-Numeric	Should be: 'S0000'
4.	File Date	8	13-20	Alpha-Numeric	CCYYMMDD

Supplemental Drug Program Response File Layout for Part D – 417 bytes					
Field	Name	Size	Displacement	Data Type	Description
5.	Filler	397	21-417	Alpha-Numeric	Unused Field
<i>TRAILER RECORD</i>					
1.	Trailer Indicator	2	1-2	Alpha-Numeric	Should be: 'T0'
2.	SDP ID	5	3-7	Alpha-Numeric	SDP Identifier
3.	Contractor Number	5	8-12	Alpha-Numeric	Should be: 'S0000'
4.	File Date	8	13-20	Alpha-Numeric	CCYYMMDD
5.	Record Count	9	21-29	Alpha-Numeric	Number of records on file
6.	Filler	388	30-417	Alpha-Numeric	Unused Field

## Data Type Key

*Conventions for Describing Data Values.* The table below defines the data types used by COB for their external interfaces (inbound and outbound). The formatting standard defined for each data type corresponds to the data type identified for each field within the interface layout.

This key is provided to assist in the rules behind the formatting of data values contained within layout fields for SDP Data Exchange Layouts.

Data Type Key		
Data Type / Field	Formatting Standard	Examples
<b>Numeric</b>	<ul style="list-style-type: none"> <li>Zero through 9 (0 → 9)</li> <li>Padded with leading zeroes</li> <li>Populate empty fields with spaces</li> </ul>	<ul style="list-style-type: none"> <li>Numeric (5): "12345"</li> <li>Numeric (5): "00045"</li> <li>Numeric (5): " "</li> </ul>
<b>Alpha</b>	<ul style="list-style-type: none"> <li>A through Z</li> <li>Left justified</li> <li>Non-populated bytes padded with spaces</li> </ul>	<ul style="list-style-type: none"> <li>Alpha (12): "TEST EXAMPLE"</li> <li>Alpha (12): "EXAMPLE "</li> </ul>
<b>Alpha-Numeric</b>	<ul style="list-style-type: none"> <li>A through Z (all alpha) + 0 through 9 (all numeric)</li> <li>Left justified</li> <li>Non-populated bytes padded with spaces</li> </ul>	<ul style="list-style-type: none"> <li>Alphnum (8): "AB55823D"</li> <li>Alphanum (8): "MM221 "</li> </ul>
<b>Text</b>	<ul style="list-style-type: none"> <li>Left justified</li> <li>Non-populated bytes padded with spaces</li> <li>A through Z (all alpha) + 0 through 9 (all numeric) + special characters:</li> <li>Comma (,)</li> <li>Ampersand (&amp;)</li> <li>Space ( )</li> <li>Dash (-)</li> <li>Period (.)</li> <li>Single quote (')</li> <li>Colon (:)</li> <li>Semicolon (;)</li> <li>Number (#)</li> <li>Forward slash (/)</li> <li>At sign (@)</li> </ul>	<ul style="list-style-type: none"> <li>Text (8): "AB55823D"</li> <li>Text (8): "XX299Y "</li> <li>Text (18): "<a href="#">ADDRESS@DOMAIN.COM</a>"</li> <li>Text (12): " 800-555-1234"</li> <li>Text (12): "#34 "</li> </ul>
<b>Date</b>	<ul style="list-style-type: none"> <li>Format is field specific</li> <li>Fill with all zeroes if empty (no spaces are permitted)</li> </ul>	CCYYMMDD (e.g. "19991022") Open ended date: "00000000"
<b>Filler</b>	<ul style="list-style-type: none"> <li>Populate with spaces</li> </ul>	
<b>Internal Use</b>	<ul style="list-style-type: none"> <li>Populate with spaces</li> </ul>	
Above standards should be used unless otherwise noted in layouts		

## **II. The SDP Process**

The information following describes the data review process used by the Coordination of Benefits Contractor.

### **SDP Processing Requirements**

1. The System shall be able to receive an external file from a SDP via a dedicated T-1 line (AGNS) or Secure File Transfer Protocol (FTP).
2. The System shall be able to confirm the external SDP file format.
3. The System shall check enrollee records received on the SDP file for the mandatory fields.
4. The System shall match enrollee records received on the SDP file to the Benefits Master Table.
5. The System shall be able to provide information pertaining to all prescription drug coverage information for Part D beneficiaries as stored on the BenePart D database.
6. The System shall be able to create and transmit a file for the MBD containing SDP enrollees with their specific Part D plan information.
7. The system shall be able to update the BenePartD table with information received on the SDP records.
8. The System shall be able to create and transmit a return file to the SDP containing response records. A response record is only generated when an add, update, or delete transaction is detected. The SDP partner will not receive response records for input records that had no changes. The System shall be able to process a full-file replacement of the SDP records on a monthly basis.

### **Description**

The purpose of the Supplemental Drug Program process is to coordinate the prescription drug benefits between Medicare Part D plans and SDP as specifically required by the Medicare Modernization Act of 2003. This collection of all prescription drug related benefits will facilitate the tracking of TrOOP (True Out-of-Pocket) expenses incurred by each Medicare beneficiary.

In order to coordinate benefit information, data must be collected from each SDP on each of its enrollees. New submission file formats have been created for SDP partners to deliver the pertinent information. This information will be transmitted to the COB contractor where it will be edit-checked, and matched against the Medicare data in the Eligibility database. Once a match is found, the COB contractor will be able to combine the beneficiary's SDP information with their Medicare Part D specific information to create a complete record of the beneficiaries' state and federal drug benefits.

The combined drug benefits information will be loaded into the Master Beneficiary Database. Data will be sent from the MBD to the TrOOP Facilitation contractor and Part D plans. An additional file format will be created to send back to the SDP. This file will contain one status record for each record initially submitted by the SDP to the COB contractor. This response record will indicate whether or not the SDP enrollee is a Part D beneficiary; whether or not the COB contractor applied the record to the Medicare Beneficiary Database; if the record was not applied to the Medicare Beneficiary Database, why (i.e. the record contained errors or the record did not provide enough information about the enrollee); what Part D plan the beneficiary is in enrolled in; and other Part D enrollment information.

Listed below are the disposition codes that the COB contractor may provide to each Supplemental Drug Program Partner in the Update File Response.

DISPOSITION CODES	DESCRIPTION
01	Record accepted by CMS System as an “Add” or a “Change” record.
SP	Transaction edit; record returned with at least one edit (specific SP edits described below).
50	Record still being processed by CMS. Internal CMS use only; <i>no Agreeing Partner action is required.</i>
51	Beneficiary is not in file on CMS System. Record will not be recycled. Beneficiary most likely not entitled to Medicare. <i>Agreeing Partner should re-verify beneficiary status based on information in its files.</i>

The COBC will perform edit checks of the SDP input file which will generate the following error codes as necessary. COBC will supply the results to the Partner. The SDP will be expected to correct any errors, or update any missing information on its enrollees, and re-transmit this data on the following month’s file. The SP errors that would apply for drug records are as follows:

Error Code	Description
SP 12	Invalid HIC Number or SSN. Field must contain alpha or numeric characters. Field cannot be blank or contain spaces.
SP 13	Invalid Beneficiary Surname. Field must contain alpha characters. Field cannot be blank, contain spaces or numeric characters.

Error Code	Description
SP 14	Invalid Beneficiary First Name Initial. Field must contain alpha characters. Field cannot be blank, contain spaces, numeric characters or punctuation marks.
SP 15	Invalid Beneficiary Date of Birth. Field must contain numeric characters. Field cannot be blank, contain spaces or alpha characters. Day of the month must be correct. For example, if month = 02 and date = 30, the record will reject.
SP 16	Invalid Beneficiary Sex Code. Field must contain numeric characters. Field cannot be blank, contain spaces or alpha characters. Acceptable numeric characters include the following: 1 = Male 2 = Female
SP 18	Invalid Document Control Number. Field cannot be blank. SDP must assign each record a unique number in the event questions concerning a particular record arise and need to be addressed.
SP 24	Invalid Coverage Type. Field must contain alpha characters. Field cannot be blank or contain numeric characters. Valid values are: U: Network V: Non-network
SP 31	Invalid Supplemental Drug Program Effective Date. Field must contain numeric characters. Field cannot be blank, contain spaces, alpha characters or all zeros. Number of days must correspond with the particular month.
SP 32	Invalid SDP Coverage Termination Date. Field must contain numeric characters. Date must correspond with the particular month – CCYYMMDD. For example, 02/27/1997 is acceptable, but not 02/30/1997. Cannot be earlier than the SDP effective date. If there is no termination date (coverage is still active), must use zeros (not spaces) in this field.
SP 62	Incoming termination date is less than effective date.

Additionally, COBC will provide RX specific errors:

Error Code	Description
RX 01	Missing RX ID
RX 02	Missing RX BIN
RX 03	Missing RX Group Number
RX 04	Missing Group Policy Number
RX 05	Missing Individual Policy Number
RX 07	Missing Part D Effective date

**NOTE:**

These are the standard error, edit and disposition codes used by the COBC for processing drug records, however not all codes are applicable to the SDP data sharing process.

## **SDP Processing**

1. Each month the SDP submits an electronic input file of all enrollees to the COB contractor via an existing T-1 line or over the Internet using Secure FTP.
2. The COB contractor edits the input file for consistency, and attempts to match those enrollees with Medicare Part D enrollment.
3. Where the COB contractor determines that an enrollee on the SDP file is a Medicare Part D beneficiary, the COB contractor updates that record to the CMS Medicare Beneficiary Database (MBD), which holds prescription drug coverage information on all Medicare Part D beneficiaries. The MBD will send daily updates of all prescription drug coverage of Part D beneficiaries to the TrOOP Facilitation Contractor and to the Part D plan that the beneficiaries are enrolled in.
4. The COB contractor then submits a response file to the SDP via the same method the input file was submitted, i.e., dedicated line or Secure FTP. This file contains a response record for each input record the SDP submitted. The response record shows if the SDP enrollee is a Part D beneficiary, if the COB contractor applied the record to the MBD, if the record was not applied to the MBD, and why (i.e., the record contained errors or the record did not provide enough information about the enrollee), in which Part D plan the beneficiary is enrolled, and other Part D enrollment information.

5. The SDP then examines the response file to determine whether: the records were applied; the COB contractor was not able to match the SDP enrollee in the CMS systems; or the records were not applied because of errors. The SDP must correct any records so that in the future full input files the records can be applied to the MBD. Errors have to be corrected because the MBD must have accurate, up-to-date coverage information in order for the TrOOP facilitation process to work.
6. The SDP updates its internal records on the Part D enrollment of its enrollees.
7. When the SDP submits the next monthly full input file, it also sends corrections of all the errors from the previous submission.

## **Business Rules**

### **SDP Processing**

1. The monthly file submitted by the SDP is a full-file-replacement file. The entire base of enrollees must be submitted each month on this file, including any corrections from the previous month's file. Each month's input file will fully replace the previous month's input file.
2. One response file will be returned to each SDP, containing a response record for each input record received. The disposition of the input record will be provided on the corresponding response record, indicating if the record was accepted.
3. COBC will attempt to create one drug record for each SDP enrollee record received.
4. COBC will not send incomplete drug records to MBD, and therefore, incomplete drug records will not get sent to the TrOOP facilitators.
5. The required fields for SDP records are SSN or HICN, Surname, First Initial, Date of Birth, Sex Code, Network Indicator, SDP Effective Date, SDP Termination Date, Coverage Type Indicator, Insurance Type Indicator, and SDP - ID.

### **III. SDP Implementation Questionnaire**

SDP Implementation Questionnaire. The Implementation Questionnaire asks a series of questions to the data sharing partner that helps the CMS and the partner set up the data sharing exchange process. These questions are intended to help you think through some of the issues which need to be addressed before you begin the data exchange and to assure that both the CMS and the SDP partner are in agreement as to the operational process involved. **SDP partners must fill out, sign and return a copy of**



**the Questionnaire to the CMS with their signed SDP Data Sharing Agreement.** The Questionnaire is listed as Attachment C in the included materials that accompany the Agreement sent out to new SDP data sharing partners.

## **SECTION C: WORKING WITH THE DATA**

### **I. Obtaining a TrOOP Facilitation RxBIN or PCN**

**SDP partners who offer a network benefit (electronic point-of-sale) are required to obtain a unique electronic routing number or a TrOOP Facilitation RxBIN or PCN. This unique number will identify the SDP partner's drug benefits which are supplemental to Part D. Obtaining these numbers will also support the pharmacy point-of-sale coordination system or TrOOP Facilitation. The SDP's use of a unique TrOOP Facilitation routing number will allow for the TrOOP Facilitation Contractor to capture the paid claims of payers supplemental to Part D and send a copy of this data to the Part D Plan that the covered individual is enrolled in. The Part D Plan will use the supplemental paid claims information it receives from the TrOOP Facilitation Contractor to calculate the enrollee's TrOOP. To route these claims through the TrOOP Facilitation Contractor, partners may use a separate and unique RxBIN by itself, or a unique PCN in addition to their existing RxBIN.**

**The organization that issues the RxBIN is the American National Standards Institute, or ANSI. ANSI can be contacted through its Web address: [www.ansi.org](http://www.ansi.org).**

**The National Council for Prescription Drug Programs (NCPDP) issues the Processor Control Number, or PCN. For TrOOP Facilitation routing, you can use a new PCN or obtain and use an additional PCN in lieu of an additional RxBIN. The NCPDP can be contacted through its Web address: [www.ncpdp.org](http://www.ncpdp.org).**

### **II. Testing the Data Exchange Process**

**Overview:** Before transmitting its first “live” (full production) input file to CMS, the partner and CMS will thoroughly test the file transfer process. Prior to submitting its initial Input Files, the partner will submit a test initial Input File to CMS. CMS will return a test initial Response File. CMS will correct errors identified in the partner's test files. Testing will be completed when the partner adds new enrollees in test update Input Files, CMS clears these transmissions, and the partner and CMS agree all testing has been satisfactorily completed.

**Details:** The partner and CMS will begin testing as soon as possible, but no later than 180 days after the date the Supplemental Drug Program DSA is in effect. The population size of a test file will not exceed 1000 records. All administrative and technical arrangements for sending and receiving test files will be made during the “Preparatory Period” (see “Terms and Conditions,” Section B, of the Supplemental Drug Program Data Sharing Agreement).

*Testing SDP records:* The test file record layouts used will be the regular SDP record layouts. Data provided in the test files will be kept in a test environment, and will not be used to update CMS databases. Upon completion of its review of a test file, CMS will provide the partner with a response for every record found on it, usually within a week, but no longer than forty-five (45) days after receipt of the test file. After receiving the test Response File in return, the partner will take the steps necessary to correct the problems that were reported on it.

After all file transmission testing has been completed to the satisfaction of both the SDP Data Sharing partner and CMS, the partner may begin submitting its regular production files to CMS, in accordance with the provisions of Sections C and D of the SDP Data Sharing Agreement.

In order to test the process for creating an Update File, a test “Update” shall be prepared by the partner and include data regarding individuals identified in the Test File. The partner shall submit the test Update data within ninety (90) days after receipt of the test Response File. The Test File Update shall include any corrections made in the previous Test Response File sent to the partner by CMS. For full file replacement, any corrections made to a file will fully replace what was previously submitted by the Partner. Upon completion of its review of the test update, CMS shall provide the partner a Response for every record found on the Test Update File. CMS shall provide a Test Update Response File to the partner, within a week, but no longer than forty-five (45) days after receipt of the partner’s Test Update File.

Once CMS and the SDP partner have completed all file transmission testing to the satisfaction of both parties, the partner may begin submitting its regular production files to CMS.

### **III. Using Basis for Queries**

When a partner has an immediate need to access Medicare eligibility and enrollment information, BASIS – the Beneficiary Automated Status and Inquiry System – permits a partner to make on-line queries to CMS to find out if it is possible that an individual is eligible for or enrolled in Medicare. Using a private, Web-based host, the SDP data sharing partner can use BASIS to access Medicare Part D enrollment data. Access to BASIS will be unlimited for our SDP partners until our unsolicited response enhancement is made available which is scheduled for release in April or May of 2006. Once the unsolicited response enhancement is complete, BASIS will be restricted to 200 queries per month. Access to BASIS is contingent on the partner having submitted its Initial Input Files and its most recent Update Files during its last quarterly production cycle.

In overview, BASIS operates as follows:

1. CMS (through its designated contractor) assigns each partner its own SDP Personal Identification Number (“SPIN”). The SPIN delivered to the designated SDP Contact Person within 30 days of submission of the partner’s initial Input Files. At this time, the partner will also receive information concerning the designated telephone line to be used for the BASIS application.
2. CMS shall notify the partner when the BASIS application is operational and will provide detailed instructions on how to use the BASIS application.
3. The partner will dial a designated telephone line to access the BASIS application, using its assigned SPIN. For each SDP Enrollee for whom the partner is requesting Medicare enrollment information, the partner will enter the following data elements that identify the subject of the query:
  - Social Security Number
  - Last Name
  - First Initial
  - Date of Birth
  - Sex
  - HIC Number (optional)
4. CMS will post the results of inquiry(s) to BASIS within forty-eight (48) hours after the partner submits its inquiry(s) to the BASIS application.

#### **IV. SDP File Processing**

On a monthly basis, SDPs will transmit via NDM or secure FTP full file submissions in the file format specified in the agreement. Full file processing requires the SDP to submit a complete file of enrollees every month. Each month’s transmitted file will fully replace the previous month’s file.

##### **File Level Editing**

Upon receipt of the SDP Input File, high-level file edits are performed to verify the format and validity of the Input File. High-level editing verifies Header and Trailer data and record counts. The size of the SDP Input File (number of records contained in the file) is compared to the size of the previous monthly file submitted. If the current file size is less than 70% of the previous months file, the current Input File will be placed on hold and the SDP partner will be notified. The method for deleting enrollees in full file replacement processing is to not include enrollee files previously submitted. The SDP partner is asked to verify the high number of delete records in the current submission.

The Input File is then processed at the record level to determine if the incoming enrollee record is an add, update, delete, or if no action will be taken. The system initially attempts to convert an SSN to a HICN if a HICN is not submitted on the input file.

Because of the way full files are processed, the COB Contractor will only create a response record when a record has been added, updated, or deleted. An input record that has already been applied in a previous full file submission and is contained in the current submission unchanged will not generate a response record. The SDP will therefore not receive updated Part D enrollment status unless an input record is new or changed. CMS sees this as a limitation of full file replacements and is working with the COB Contractor to ensure that SDPs receive updated Part D enrollment status in their next monthly response file. This change will not be in place until sometime later this year (2006). Until the change has been made at the COB Contractor, there is a way for SDPs to cause an update without deleting the record that will generate a response record with the current Part D enrollment status. SDPs will generally send input records with an open-ended termination date. A change in the termination date field will be considered an update. To update records monthly between the first submission and when the COB Contractor has changed its processing rules, SDPs should send a different termination date for each month. The following is an example:

1. The SDP submits its first input full file on January 15, 2006 with open termination dates on all records.
2. The COB Contractor processes the file, applies the records, and sends a response record containing current Part D enrollment status for each record that has been added.
3. The SDP submits its next input full file on February 15, 2006. This time the SDP sends a termination date one year in the future from the submission date on each input record. The records have termination dates of February 15, 2007.
4. The COB Contractor processes the file and updates all records that it had received in the last monthly input file with the new termination date. This causes a response to be generated and sent to the SDP containing current Part D enrollment status for each record that has been updated.
5. The SDP submits its next input full file on March 15, 2006. This time the SDP sends a termination date one year in the future from the submission date on each input record. The records have termination dates of March 15, 2007.
6. The COB Contractor processes the file and updates all records that it had received in the last monthly input file with the new termination date. This causes a response to be generated and sent to the SDP containing current Part D enrollment status for each record that has been updated.

7. When the change has been made, the COB Contractor will now automatically send any changes to Part D enrollment status in response to all records contained in the input file, regardless of whether they are new or changed.
8. The SDP submits its next input full file, sometime after the change has been made. This time the SDP sends the appropriate termination date (which may be open-ended) for each record. The SDP no longer needs to constantly send changed records in order to receive current Part D enrollment.
9. The COB Contractor processes the file. All records where the Part D enrollment status has changed will generate a response in addition to any new or changed input record.

### **Adds**

Once a HICN is identified, the incoming record is compared to the database to match on previously submitted records. The initial matching criteria consist of HICN, EFFECTIVE DATE, INSURANCE TYPE, and SDP ID. If a match of these fields cannot be located on the database, the incoming record is considered an add.

### **Updates**

If the incoming record matches on these fields, additional fields are compared to determine if the incoming record should be considered an update. These fields include RX ID, RX GROUP, PART D PCN, PART D RXBIN, TOLL-FREE NUMBER, COVERAGE TYPE, and TERMINATION DATE. If any of these fields have changed from the previous months submission the record is considered an update. If the incoming record matches on these additional fields, no action is taken and the Supplemental Drug Program does not receive a response for this record.

### **Deletes**

Any records contained on the previous months file, not contained in the current submission are considered deleted records.

Deletes should only be used to remove a record that never should have been sent to CMS in the first place. Therefore, ongoing Input files should contain records of all SDP Enrollees whose SDP enrollment terminated up to twenty-seven (27) months prior to the first day of the month in which the Ongoing Input File is generated, or whose SDP enrollment terminated after December 31, 2005, whichever date is most recent. Failure to continue submitting these older valid records will cause them to be erroneously deleted from the CMS database.

### **Errors**

Records containing errors are returned to the SDP with the error code contained in the error number field on the response record. It is expected that the SDP will correct the error and resubmit the record on the next months file.

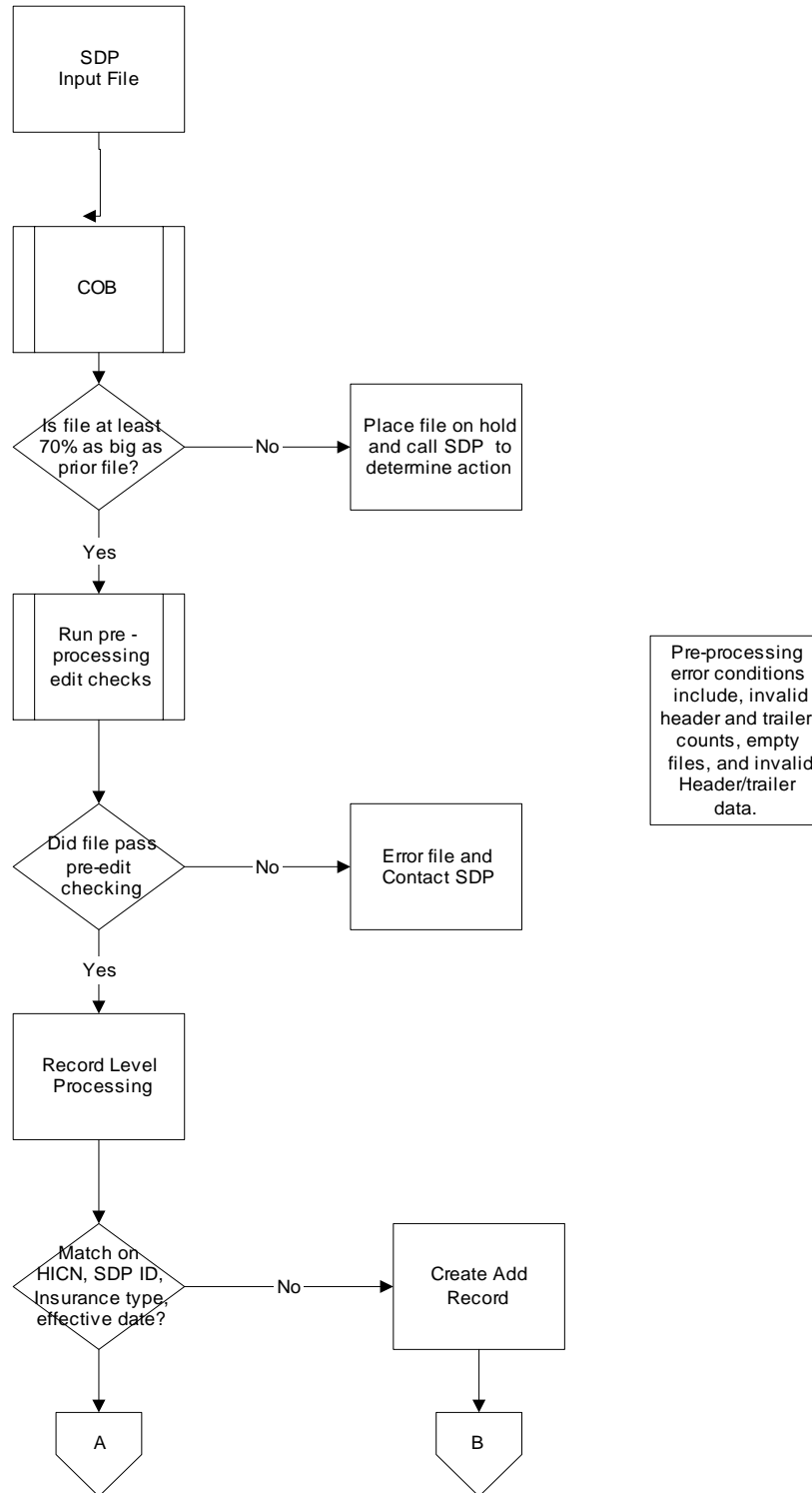
### **Notification to the Medicare Beneficiary Database (MBD)**

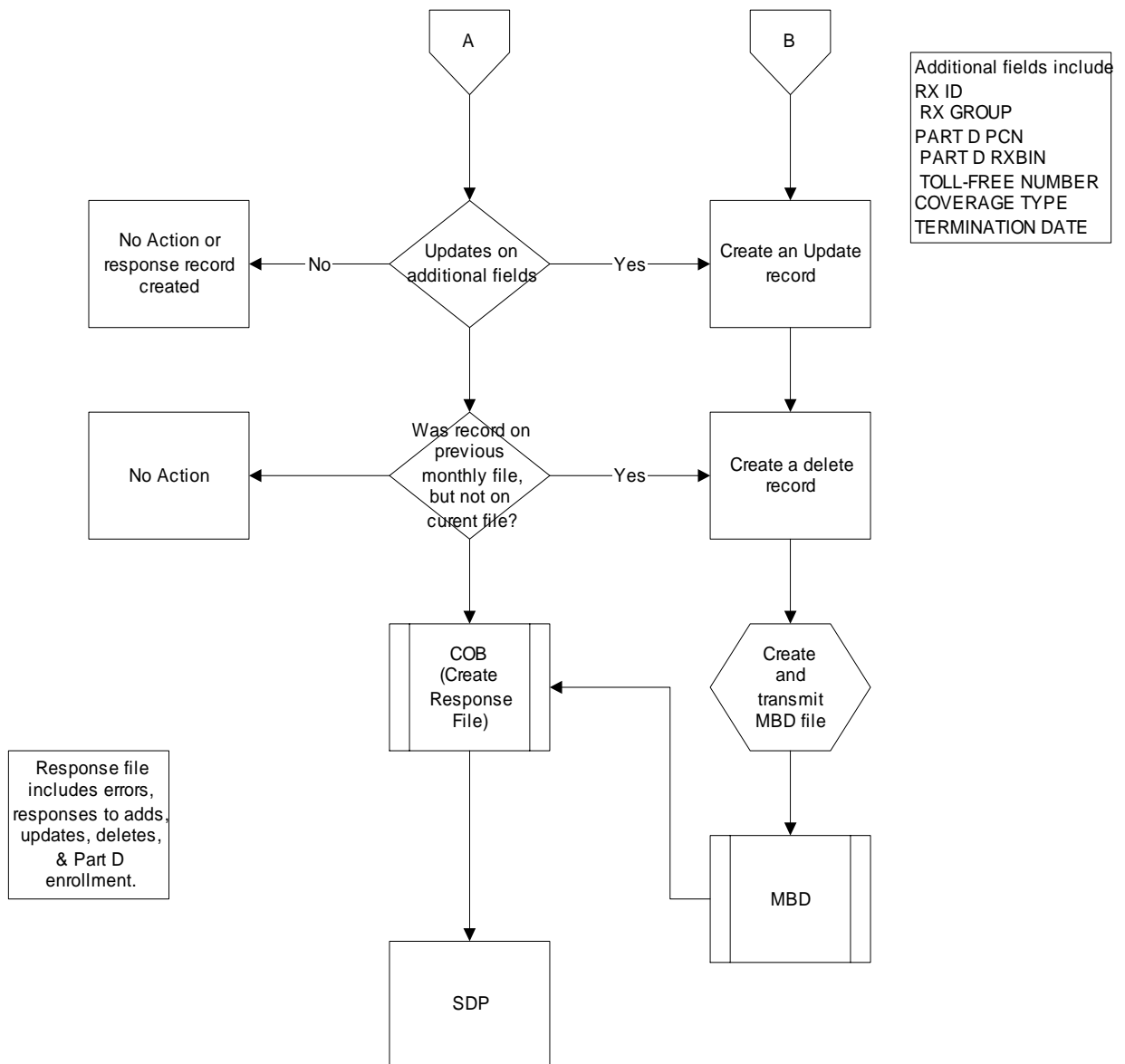
At the completion of the file process, a file is created and transmitted to MBD containing the adds, updates, and delete records generated by the COB Contractor from the Input File submitted by the SDP. MBD returns a file to the COB Contractor containing Part D enrollment information.

### **Response files**

Within 15 days of the SDP input file submission, the COB Contractor generates and transmits a response file to the SDP. The file contains responses for any records that were added, updated, or deleted. The file does not contain responses for records where no change was made. The response file also contains Part D enrollment information.

# Supplemental Drug Program Processing Flow







## **V. Distinction between Part D Eligibility and Enrollment**

Some of our data sharing partners have expressed confusion regarding the difference between Part D Eligibility Start and Stop Dates and Current Part D Plan Enrollment and Termination Dates they receive on their response files. While many use these terms interchangeably, these terms have distinct meanings for the Centers for Medicare & Medicaid Services' (CMS) data exchange process. To clarify:

Part D Eligibility Start Date: Refers to the first date a beneficiary can enroll in a Part D Plan. It does not mean that the beneficiary actually has coverage, just that through their current Part A or B coverage that they can enroll in a Part D Plan.

Part D Eligibility Stop Date: Refers to the date that the beneficiary is no longer eligible to enroll and receive coverage from any Part D Plan.

Current Part D Plan Enrollment Date: Refers to a Medicare beneficiary that is eligible, has applied for and has coverage through a Part D Plan.

Current Part D Plan Termination Date: Refers to the date that beneficiary is no longer receiving benefits under the Part D Plan.

In the response files CMS sends you, the Current Part D Plan Enrollment Date provides the effective date of coverage for the Part D benefit by the specific Part D Plan listed as the Current Medicare Part D Plan Contractor Number. The Current Part D Plan Termination Date is the date that beneficiary is no longer receiving benefits under that Part D Plan. These dates are the most important for our data sharing partners because they let you know whether the beneficiary has actually elected coverage under Part D and the time period in which the Part D coverage became effective. In summary, a Medicare beneficiary can be eligible for Part D, but unless the beneficiary is enrolled in a Part D Plan, the beneficiary is not receiving Part D benefits.

## **VI. Special Information for Small AIDS Drug Assistance Programs (ADAPs)**

We have added an option to our COB data exchange to accommodate small (reporting 200 or less clients in an Input File) ADAPs. Small ADAPs will be able to submit the Input Data File in a text (txt) or ASCII format. The file must adhere to the SPAP Input File Layout for Part D – 249 bytes including the Data Type Key provided. Response files will be returned in a text (.txt) format. Refer to the SPAP Response File Layout for Part D for information on the response file. Please note that this option is only available to ADAPs with fewer than 200 input records.

## SECTION D: QUESTIONS AND ANSWERS

### SUPPLEMENTAL DRUG PROGRAM DATA SHARING AGREEMENT

#### FREQUENTLY ASKED QUESTIONS

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##### General Questions

- Q1: Who is responsible for providing the technology necessary to meet this requirement? Are there any alternatives to the stated technology?
- A1: **If you have a dedicated line or are affiliated with a State Medicaid Agency that has a dedicated AGNS T-1 line to the CMS, the SDP can make submissions to the CMS using this line. If you do not have a dedicated line you will need to contact one of our resellers to obtain a dedicated or dial-up access line to the managed AGNS VAN.**

Another option is submitting files over the Internet, or secure File Transfer Protocol (FTP). CMS will utilize Sterling Commerce's Gentran Integration Suite 4.0 B2B for Multi-Enterprise Collaboration (GIS B2B Suite), via the internet or an existing T-1 line. For more information about the Sterling product visit their website at

<http://www.sterlingcommerce.com/PDF/About/GIS40> 01April.pdf#page=1

Files may also be transferred on CDs, although physical media is our last choice for data exchanges. It presents security risks that are avoided with electronic submissions over a T-1 line or Secure FTP. If this method is the most practical, you may work with the EDI representative assigned to you once implementation begins.

- Q2: When will a SDP ID be assigned?
- A2: **The SDP ID will be assigned once the COB Contractor has received a signed agreement from the SDP data sharing partner.**
- Q3: Is there a possibility of overlapping enrollment and/or multiple PDP information on a beneficiary?
- A3: **CMS will not send multiple records on a beneficiary. States will only receive one record that will contain the most recent information for that beneficiary. If a beneficiary starts out with one PDP at the beginning of the month, then changes PDP mid-month, CMS will send the most recent PDP.**
- Q4: Will the data transfer via CMS (AGNS T-1 line) be passed through without any “parking” at CMS so that it does not interfere with the timeliness of the monthly transmissions to COBC?
- A4: **The data transfer will be a pass-through.**
- Q5: The COBC SDP data exchange is a monthly process. What is the schedule for this process? Will the data exchange happen at the beginning, middle or end of month?
- A5: **Receipt of the file depends upon when the agreement is signed. Each state will not have the same schedule. The COB Contractor will work with each SDP partner during the Preparatory Period to set up a reporting/data production schedule.**
- Q6: Why is it necessary for the SDP to send records on beneficiaries for up to 27 months after eligibility has been terminated in the SDP?
- A6: **If a record is sent one month, but not the next, the COBC will delete the record. The 27 months references the period of time Medicare claims can be filed after the date of service.**
- Q7: In our state we have two SDPs, one that has about 7,200 clients while the other has fewer than 600 clients. For the sake of minimizing paperwork and maximizing efficiency, can we combine these two programs for the purposes of the SDP -CMS data sharing agreement?
- A7: **Yes, you could combine the two programs for the purposes minimizing paperwork when it comes to the actual agreement. For the actual data exchange, however, we may need to assign you two different SDP IDs, so that the Part D Plan can differentiate between the two programs if it needs to. We can take the files from the same source, but they would be separated with unique headers and trailers.**

- Q8: With regard to the Administrative and Technical contacts needed for the SDP - CMS data exchange, must either or both of these contacts be “State” staff or may they be “Contractor” staff?
- A8: **The State can designate whomever they want as the administrative and technical contacts, including contractor staff, but only duly authorized representative of the State can sign the actual SDP Data Sharing Agreement.**
- Q9: What are the requirements that must be met in order to successfully complete the SDP data sharing exchange testing process?
- A9: **At a minimum CMS requires the SDP partner to be able to (1) submit an initial test Input File that can be processed to the satisfaction of the COB contractor, receive and process a test Response file from the COB Contractor and (3) be able to submit a test update file to the COB contractor. The COB contractor has been delegated the authority to determine whether or not the SDP partner has successfully completed the testing process to the satisfaction of CMS.**

#### **Data Elements**

- Q1: When the SDP submits the next monthly full input file, it also sends the corrections of all the errors from the previous submission. Are we sending the full file (all SDP eligible enrollees)?
- A1: **Yes, you would send a full file.**
- Q2: Should we exclude previously matched records?
- A2: **No, you should include previously matched records.**
- Q3: Are “errors” just data discrepancies (ex: mismatched SSN)?
- A3: **Errors can include data that is defective or contains an invalid value such as an alpha character in a field requiring a numeric date or the error could be due to a programming error. Either way, the Response will indicate the error using the CMS’ standard error codes.**
- Q4: Will we be receiving Medicare D enrollment information only or will we be receiving information on all the other prescription coverage carried by the enrollee?
- A4: **Through the data exchange process you will be receiving Medicare Part D enrollment information for your submitted SDP Enrollees.**

- Q5: What field is identifying Medicare D enrollment?
- A5: **The Current Medicare Part D Plan Effective Date (field 46 in the SDP Response File Layout for Part D) identifies Medicare Part D enrollment information.**
- Q6: What field is identifying the Medicare D insurer?
- A6: **The Current Part D Plan Contractor Number (field 45 in the SDP Response File Layout for Part D) is the field that will identify the particular Part D plan that the beneficiary is enrolled in.**
- Q7: If other additional other insurer information is being sent, what field will identify it, identify the insurer?
- A7: **Through the SDP data exchange you will only receive Medicare Part D enrollment information on the Covered Individuals that you submit and for whom the COB contractor finds a match. This data exchange is not used to provide you with other insurer information; we can only provide a SDP with Medicare Part D enrollment data.**
- Q8: We currently do not mandate collection of an SSN from the participant, although most of our participants have a SSN. In the cases where we do not have a SSN, do we send the information we have with the input file? If so, do we zero fill the information or leave it blank?
- A8: **The SSN or the Health Insurance Claim Number (HICN) is our primary identifier for performing a match of the individuals that you submitted to determine their Medicare entitlement information. If you do not have either one of these numbers, you should not submit the record because we cannot perform our matching process without it.**
- Q9: Is the Part D RxBIN and PCN the information that is identifying the Part D carrier or is it being used to identify other insurance as well?
- A9: **No, this information does not identify the Part D carrier. The Current Part D Plan Contractor Number (field 45 of the SDP Response File Layout for Part D) specifically identifies the particular plan that a beneficiary is enrolled in. The Part D PCN and Part D RxBIN are numbers used to electronically route network pharmacy benefit information. While a SDP might already have an RxBIN to electronically pay network claims, the Part D specific BINs are necessary to support the TrOOP Facilitation process. These numbers will be used as the primary means of capturing claims paid secondary to Part D.**

- Q10: What does network refer to? Is it the coverage type? What determines a person to have network coverage (PPO v. HMO)?
- A10: **Network coverage refers to the electronic routing of prescription drug claims at the point-of-sale.**
- Q11: What does the disposition code identify? Is this simply a “Yes or No” indication of coverage on the MBD?
- A11: **The disposition code lets you know what action the COB Contractor has taken regarding the submitted record. For instance, if the record is not found, the COB Contractor will provide the data sharing partner with a disposition code that indicates that the record provided was not found. Additionally if a record is not applied due to errors, the disposition code provides you with this information.**
- Q12: In the latest file specifications you've added the Plan Benefit Package. Is the 3 byte PBP code unique without considering the PDP? Also, we have determined that, we will need the PBP enrollment start and end dates. We request that this information be added to the CMS- SDP data exchange Response file.
- A12: **CMS confirmed the PBP information (Field 52 of the SDP Response File Layout) will be available in December. There is no logic to the PBP number and it cannot be used alone as an identifier. It must be used in conjunction with the PDP's contractor number. There will not be a start and stop date for the PBP. If the PBP changes, states will receive the new PBP number, with the same PDP number. The PDP date will not change. States can note the PBP number changed and input a new PBP start date. The CMS will consider adding the PBP enrollment start and end dates for possible implementation six (6) months down the road.**
- Q13: Are PDP's eligible for NPlanID?
- A13: **The NPlanID field is there as a place-holder (for future use). All payers of health care coverage, including Medicare HMOs and Part D Plans will be eligible for NPlanID when it is implemented.**
- Q14: Will either the COBC SDP or MMA response files include retroactive eligibility/enrollment for a beneficiary?
- A14: **Yes. An individual may be eligible for GAPS beginning 05/01/06, but the Part D Plan enrollment date is 01/01/06.**
- Q15: COBA ID vs. SDP ID vs. CONTRACTOR ID? What is the difference?

- A15: **The COBA ID is different from the SDP ID number. Crossover Agreement trading partners get COBA IDs. The contractor ID number (Field 45) will be a separate number assigned by CMS to approved Part D Plans. A State agency that signs a COBA and SDP agreement would have both a COBA ID and a SDP ID.**
- Q16: The data layout indicates space for 4 Rx error codes, yet the user guide lists 6 Rx error codes and several error codes starting with SP?
- A16: **The file has space for only 4 error codes. These fields may contain either the SP or the RX error code. CMS does not anticipate a SDP partner having more than 4 error codes for an individual.**
- Q17: Will you provide BASIS screen prototypes in the near future?
- A17: **BASIS implementation information is provided after the partner has signed the Agreement and implementation has begun. BASIS information is included in the welcome packet which is sent out by the COB contractor, GHI, once the partner's agreement is in place.**
- Q18: Is the new BIN/PCN for our Medicare Part D claims payments the BIN/PCN that we will always be sending in the monthly input? In what circumstances would we not know what the correct BIN/PCN would be? Would your system ever correct the BIN/PCN and send the new bin back to us?
- A18: **We only need the Part D specific BIN and or PCN in order to pass them on to the Part D Plan and TrOOP facilitator. Because you will not necessarily know which enrollees are beneficiaries, we are asking you to populate the BIN and PCN fields with the Part D specific BIN and or PCN that would apply to that individual if they were a Part D beneficiary. You have to tell us what the BIN/PCN is for your Part D population.**
- Q19: Are we to send all of the SDP enrollees in the input file (include non-Medicare), or only those who have told us that they have Medicare and therefore are eligible for a Part D plans?
- A19: **We do not expect you to know about all of your enrollees that are Part D beneficiaries. Essentially the file you send us is a finder file. You send all of your enrollees and we respond with a file indicating those we matched on and applied; matched on but didn't apply because of errors in the file; or did not match on and therefore are not beneficiaries.**
- Q20: Is there any indicator on the response file that tells us if a person is ineligible for Part D and a reason? I know that there are various reasons for being ineligible. There would be some that do not have Medicare Parts A or B but there would also

be those whose employers accepted the subsidy and they cannot enroll. How would we determine this?

A20: **This is not something that the CMS is able to provide at this time. That information is something you will likely have to develop for with your enrollees.**